

# James P. Thomas, M.D. | **voicedoctor.net**

Physician & Surgeon – Practice Limited to Laryngology

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## Specializing In:

### Disorders of:

hoarseness  
breathing  
swallowing  
singers  
actors  
speakers

### Procedures of:

diagnostic stroboscopy  
digital laryngeal imaging  
laryngeal injections  
laser treatments  
vocal cord augmentation  
microlaryngoscopy  
nerve grafting  
vocal pitch surgery  
laser tumor resection

## Subjective

She received testosterone shots at age 15 to jump start puberty, which it did and her voice lowered. Subsequently, she started living as a female, undergoing Gender Reassignment surgery. She modified her voice on her own. She recently married.

On 7/25/2017 she underwent Feminization laryngoplasty. On 11/16/2017 I tuned her vocal cords with a KTP laser. On 1/9/2018 I removed her plate and suture. On 8/9/2018 I KTP ablated some of the fullness in her left vocal cord. On 11/26/2019 I used a CO<sub>2</sub> laser to debulk her vocal cords further.

She says that she is always sounding sick. She estimates that her volume is about 60 - 70% of normal. Her vocal quality is about 70-80% of normal. She desires a clearer and more feminine voice.

## Physical Exam

**General:** moderate endomorphic body build

**Mood:** pleasant

**External Ear:** normal

**Nose:** normal nasal mucosa, normal turbinates, septum near midline, narrow tip

**Mouth:** tonsils +1/4

**Larynx:** not visualized with mirror

**Pharynx:** normal

**Nasopharynx:** normal

**Neck:** incision pale, ~1 mm wide with small fullness centrally

## Impression

1. 4 years post feminization laryngoplasty

## Plan

Proceed with vocal capabilities testing.

## Medical & Social History

**Occupation:** Wedding officiant, Legal work, mother

**Smoking:** never

**Surgeries:** Gender affirming surgery, breast augmentation, Lasik eye surgery, appendectomy, Feminization laryngoplasty 7/25/2017, KTP laser vocal cords 11/16/2017, 8/9/2018, CO<sub>2</sub> laser vocal cords 11/26/2019 remove plate 1/9/2018

**Medications:** Progesterone, estradiol, Prozac, sermoline

**Allergies:** Penicillin (Possible hives)

**Antibiotic req'd:** none

**Family History:** none pertinent

## Review of systems

**COVID-19:** vaccinated

## Vocal commitments

**Talkativeness:** 7/7 (1 quiet - 7 talkative)

**Loudness:** 4/7 (1 soft - 7 loud)

**Work/Day:** 7/7 (1 minimal - 7 all day)

**Evenings:** vocally active

**Singing range:** nonsinger

**Saramosing, Tinsley Ariana Taylor**

DOB: 3/7/1979

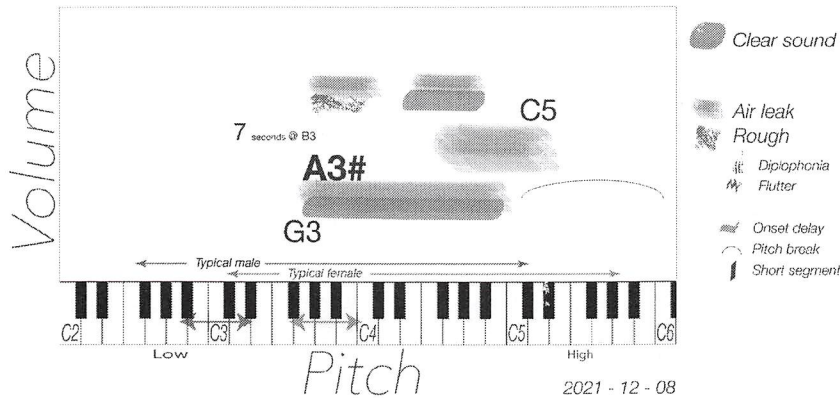
**Age: 42**

**12/8/2021**

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# Phonogram

laryngeal acoustic testing



Sound	Signal	Noise
Neurologic:	steady	
Vegetative:	percussive	husky
Effort:	good	
Respiration:		none

## Impression

- Vocal Capabilities Pattern testing suggests moderate air leak throughout range, some roughness with volume and pitch break at the upper end of register

## Plan

- Close examination of vocal cord mobility and function, including both endoscopy and stroboscopy.

## Endoscopy

**Procedure & Findings:** *Flexible laryngoscopy with high definition 720p video magnification, selective color imaging & stroboscopy*

**Topical anesthesia:** *4% lidocaine to left naris (over turbinate)*

### Structure

Nasopharynx: normal ET orifice, adenoids atrophic

Base of tongue: +2/4 lingual tonsils

Pharynx: normal

### Supraglottis:

Epiglottis: normal

Aryepiglottic folds: normal

Arytenoids: normal

Interarytenoid: normal

False folds: normal curve

Ventricle: open

Capillaries: normal

### Glottis:

Anterior commissure: long web

True fold Left: short, moderately convex

True fold Right: short, moderately convex

Vocal processes: normal

Capillaries: slightly irregular

Secretions: thin, clear

Piriform sinuses: normal

Subglottis: normal

Trachea: not examined

### Sensation

Laryngeal sensation: not examined

### Pharyngeal Function

Palatal elevation: not assessed

Pharynx squeeze: not assessed

## Phonatory Function

	<i>Phonation Left</i>	<i>Right</i>	<i>High Pitch</i>	<i>Low Pitch</i>
Supraglottis:			relaxed	relaxed
Stability:	stable no tremor no spasm	stable no tremor no spasm	stable	stable
Elongation:	normal	normal	present	absent
Membranous closure:	complete	complete	closed	closed
Vocal process range:	midline	midline	closed	closed
Vocal process rate:	symmetric	symmetric		
Suppleness:	supple	supple	supple	supple
Oscillation range:	wider around axis than right	around axis		
Oscillation amplitude:	small	small		
Oscillation closure:	reaches midline, fuller centrally	reaches midline, fuller posteriorly	complete closed phase	complete closed phase
Oscillation phase:			out of phase	out of phase
Secretion accumulate:	along length	along length		

## Respiratory Function

	<i>Expiration: Left</i>	<i>Right</i>
~ resting position:	15° off midline	15° off midline
arytenoid angle:	parallel	parallel
Bernoulli:	none	none
Stability:	stable	stable
	<i>Inspiration: Left</i>	<i>Right</i>
~ resting position:	30° off midline	30° off midline
maximal (sniff):	35° off midline	35° off midline
arytenoid angle:	obtuse	obtruse
Bernoulli:	none	none
Stability:	stable	stable

## Impression

- 4 years, 5 months post Feminization Laryngoplasty with thyrohyoid elevation.
  - >2 year post CO<sub>2</sub> laser tuning.
- Comfortable pitch in the feminine range.
  - Anterior web
  - Short cords lead to low volume
- Moderate huskiness/air leak.
  - Clarity varies with technique
  - but asymmetry between true vocal cords may contribute.

## Plan

- I discussed Blue laser focal tightening and she would like to proceed.
- She should rest her voice for 3-7 days after treatment if possible.
- Follow up voice recording in 2 months.

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## Procedure

**Diagnosis:** *air escape, husky voice, asymmetric vocal cords*

**Procedure & Findings:** *Flexible laryngoscopy with video magnification & Blue laser tightening of vocal cords*

**Topical anesthesia:** *4% lidocaine to right (& left-suction) naris, pharynx & larynx*

**Surgeon:** *James P. Thomas, MD*

Assistant: *Brian Nuyen, MD*  
Observers: *Omar Hernandez, MD*

## Indications for Procedure

Adjust laryngeal vibrations

## Findings

short, slightly asymmetric vocal cords

## Description of Procedure

A PARQ conference was held with the patient and consent obtained for Blue treatment of the laryngeal pitch. The patient was then positioned in a seated position. Appropriate laser eye protection was placed. Topical lidocaine & neosynephrine were applied to the right (& left - suction) nares. The flexible laryngoscope was passed through the right naris and 4% lidocaine dripped onto the pharynx & larynx and gargled. A 10 Fr. suction was placed in the left naris.

I maneuvered the endoscope with the laser fiber and coagulated/ablated the superior, medial and inferior vibratory margin of the left vocal cord mucosa (8 W, pulse width 30ms). I worked on the left side, concentrating on the central medial and lateral portion of the flexible cord. The laser discomfort was minimal and she remained still throughout the procedure. Overall, she tolerated the procedure well.


## Impression

1. Laryngeal pitch in the high feminine range
2. Short, slightly asymmetric true vocal cords, allowing some air leak, leading to huskiness.

## Plan

1. Rest voice.
2. Follow up with audio recording in 2 months to get an idea of your voice by recording similar sounds to what you did before surgery:
  - a. Read — "Long ago, men found that it was easier to travel on water than on land. They needed a cleared path or road when traveling on land. But on water, a log of wood or any large object that would float, became a man's boat."
  - b. — Then at your comfortable speaking pitch see how long you can make an "eeee" sound on one breath.
  - c. — Slide down on an "eeee" sound from mid-range to your very lowest pitch. Do twice.
  - d. — Slide up on an "eeee" sound from mid-range to your very highest pitch. Do twice
  - e. — Moderately loudly say "hey"
3. I also would like to hear your assessment of how your phone voice perception may or may not have changed from before surgery.
  - a. How often are you perceived as female on the telephone at that point in time (%):

Brian A. Nuyen, M.D.

  
James P. Thomas, M.D.

Digitally signed by  
James Thomas  
Date: 2021.12.17  
15:17:54 -08'00'

cc: Tinsley Saramosing — tinsleykefc@gmail.com